



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services
255 Rockville Pike, 2nd Floor
Rockville, Maryland 20850
240-777-3986 Fax 240-777-3088

FOOD SERVICE FACILITY/EATING AND DRINKING ESTABLISHMENT PERMIT APPLICATION

Application is hereby made for a permit to operate a Food Services Facility/Eating and Drinking
Establishment in Montgomery County, Maryland.

New ☐ Renewal ☐ Change of Owner ☐ TODAY'S DATE _____

(Please Print)

Name of Facility: _____ Phone #: _____

include area code

Address of Facility: _____

Street Number and Street Name

City State Zip Code

Does the Business do Catering? Yes ☐ No ☐

Owner or Corporation Name: _____ Phone #: _____

include area code

Owner or Corporation Address: _____

Street Number and Street Name

City State Zip Code

Former Name of Facility (If Applicable): _____

Normal Working Hours and Days of Open for Business: _____

Water Supply: Public ☐ or Well ☐ Sewerage: Public ☐ or Septic System ☐

(Note: 30 days required for well water testing – contact Well & Septic Section at 301-217-6160)

Workman's Compensation Insurance Information*

Insurance Company Name: _____

Policy/Binder Number: _____

*If you do not have Workman's Compensation Insurance, you must submit a copy of your
Certification of Compliance issued by the Workman's Compensation Commission.

Signature of Owner: _____

Printed Name of Above Signature: _____

Fee Information: *Please refer to Food Fact Sheet*

Submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike,
2nd Floor, Rockville, Maryland 20850 - Payment must be made by check or money order payable to
"Montgomery County, Maryland". We are unable to accept cash payments.

OFFICE USE ONLY

Receipt Number: _____

Amount Paid: _____

Date Issued: _____

Date Expires: _____

Check/Money Order Number: _____

License Number: _____